Governor's Mental Health Task Force Report

Containing Recommendations to the Governor and Cabinet

Secretary of the Kansas Department for Aging and Disibility Services

Secretary of the Kansas Department For Health And Environment

Secretary of Corrections

Secretary of the Department for Children and Families

Kansas Commissioner of Education

Adjuntant General

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Contents

Governor's Mental Health Taskforce Members ii

Overview 1

Vision 3

Executive Summary 6

Recommendations 14

Accountability for Outcomes and Effective Services 14

Access to Effective Services and Supports 17

Evidence-Based and Emerging Best Practices 18

Primary and Behavioral Healthcare 22

Effective Crisis Reponse, Prevention, and Early Intervention 23

Enhanced Community Involvement and Engagement 26

References 29

Appendix A. Governor's Mental Health Task Force Charter 33

Appendix B. Reviewed Documents and Agency Presentations 34

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Overview

This document is the result of the combined efforts of those who served on the Governor's Mental Health Task Force between June 2013 and April 2014. The task force met in-person on six occasions during an eleven-month time period and three times via conference call. During these in-person meetings, the task force heard presentations from the Association of Community Mental Health Centers, the Governor's Behavioral Health Services Planning Council, and multiple state agencies, including the Kansas Department for Aging and Disability Services, Kansas Department for Health and Environment, Kansas Department of Children and Families, Kansas Department of Corrections, Kansas National Guard, and the Kansas Department of Education.

Presenters were given the following questions to guide their presentations:

- What are the key issues that you think need to be addressed for those with mental health needs or at risk of developing chronic mental health care needs for those served within your system?
- What committees or groups within your system have been discussing mental health care needs?
- What reports are available for this task force to read?
- What initiatives have been successful at addressing any of the key issues you have mentioned within your system? Are these local or statewide initiatives?
- What outcome data is available to show that these initiatives have been successful? Any cost-benefit data available?
- What is your agency doing in terms of prevention related to mental illness?

In August, the task force divided into two subgroups, adults and children, to identify key issues affecting all three categories of individuals mentioned in the goal statement of the task force charter (i.e. those who are in the mental health system, those not being served by the appropriate system, and those at risk). The subgroups organized these key issues into theme areas: accountability, access, evidence-based practices, primary health care, crisis services, prevention and early intervention, and community. Subgroup members reviewed information from various sources, including the following: presentations made to the task force; information and data provided by state agency representatives, advisory committee members, and Kansas universities; materials available on the Substance Abuse and Mental Health Administration (SAMHSA) website; and published research reports, etc. (listed in the index and available on the KDADS Behavioral Health Services website).

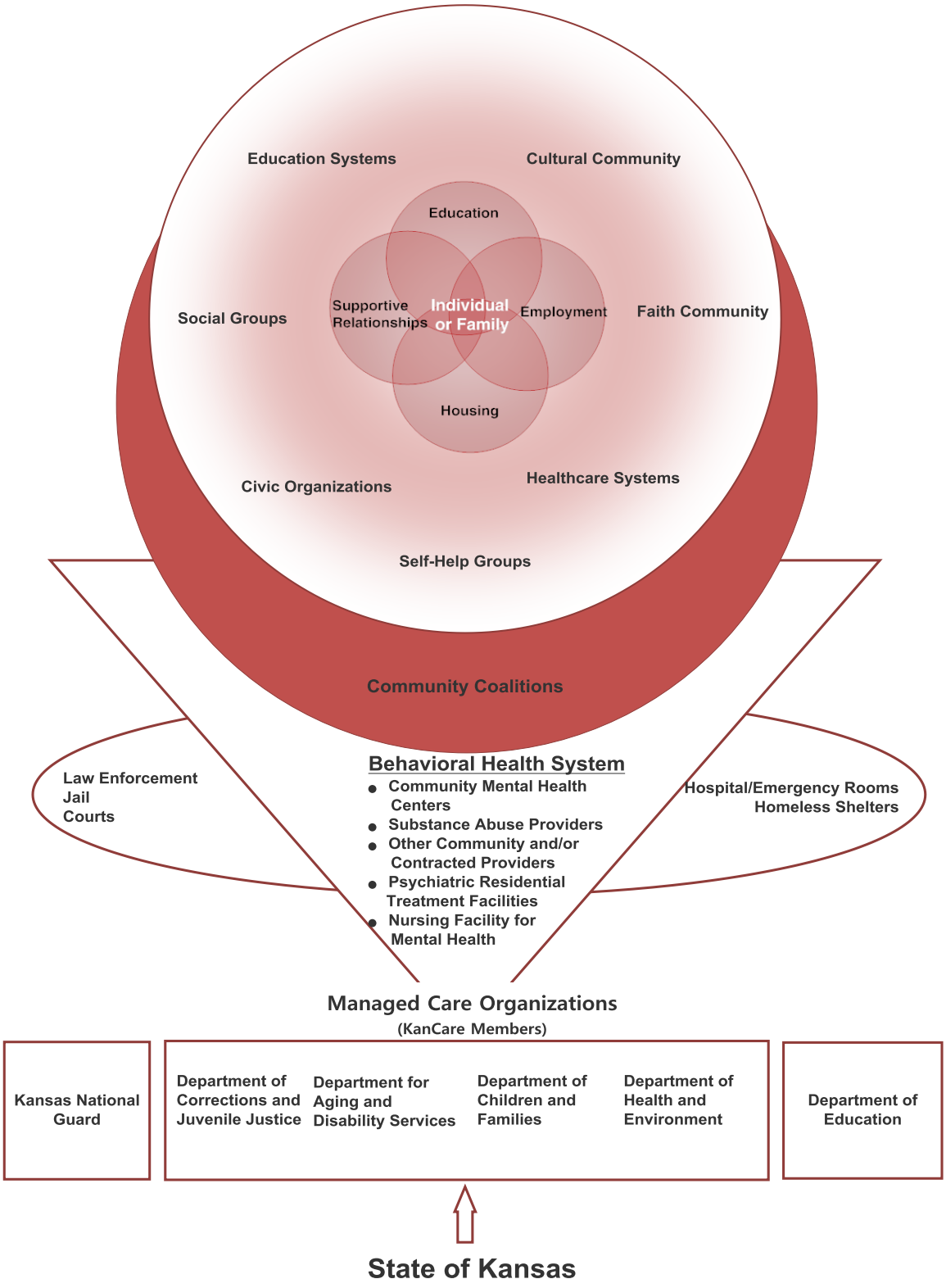
In October, a series of community roundtable discussions were conducted in Hays, Dodge City, Wichita, Chanute, and Leavenworth. These were opportunities for various stakeholders and community members representing mental health and substance abuse providers, law enforcement/judiciary, educators, consumers/advocacy groups, and community service providers to share with the task force their perspectives and experience related to mental health. The goals of the roundtables were to better understand regional differences/challenges across the state, learn about local "best practices" and successful programs/interventions/collaborative efforts that might be replicated statewide, and

determine what is needed to help individuals with behavioral health care needs succeed in their communities. While each task force member attended at least one of the roundtables in person, notes from all the roundtable discussions were reviewed by the full task force.

The subgroups concluded work in December and presented their key issues and recommendations. These were then further refined by the full task force and compiled into one task force report during February and March, which is included within this document.

The task force acknowledges the tremendous amount of work that has been done over the years by Kansas legislators, agency leaders, advocates, community groups, university researchers, direct service staff, family members, and consumers of services who have contributed toward building a strong and innovative mental health system. Our collective observation is that Kansas is building from a foundation of strength and excellence. Our hope is that these recommendations will contribute to an integrated, multi-systemic effort to improve the health and wellness of all Kansans through effective person-centered, recovery-oriented, behavioral health care. A major limitation of any task force is time and the ability to synthesize voluminous amounts of information and perspectives. Taking into consideration these limitations, we challenge the readers of this report to continue to shape the behavioral healthcare system and bolster support within communities to ensure that all Kansans with behavioral healthcare needs are able to achieve meaningful and productive lives.

Vision


Education Systems
Cultural Community
Education
Social Groups
Supportive Relationships
Individual or Family
Employment
Faith Community
Housing
Civic Organizations
Healthcare Systems
Self-Help Groups
Community Coalitions
Law Enforcement
Jail
Courts
Behavioral Health System
Community Mental Health Centers
Substance Abuse Providers
Other Community and/or Contracted Providers
Psychiatric Residential Treatment Facilities
Nursing Facility for Mental Health
Hospital/Emergency Rooms
Homeless Shelters
Managed Care Organizations
(KanCare Members)
Kansas National Guard
Department of Corrections and Juvenile Justice
Department for Aging and Disability Services
Department of Children and Families
Department of Health and Environment
Department of Education
State of Kansas

The focus of any mental health initiative needs to start with the person: the adult, the child, the family. People live within communities, so emphasis must also be placed on strengthening the natural environment where people have the opportunity to be productive, healthy, connected, to contribute, and to achieve meaningful and important goals. Improving mental health should be a community focus given that an estimated 19.6 percent of Americans ages 18 and older – about one in five adults – will experience a mental health problem this year (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2012).

The top half of the diagram above depicts a vision for mental health for which we should all strive: building strong communities that contribute to the mental health of all residents. The individual or family in the center should represent any resident of that community, whether they have a mental illness or not. The opportunities for those with a mental illness should be the same for any other community resident. This can include, but is not limited to, the following: earning a livable income through employment, advancing one's education, providing and caring for a family, being physically healthy, having safe and affordable housing, having supportive relationships, and finding ways to be involved and contribute to the community.

Many individuals are able to achieve these life goals with the supports and opportunities they receive within their communities. Some individuals will experience symptoms of a biologically based mental illness, which can make the achievement of some of these life goals difficult (Kendler, Prescott, Myers, & Neale, 2003). In addition, the presence of certain adverse socioeconomic and environmental determinants of mental health can negatively impact people's overall health and wellness, as well as their ability to achieve important life goals (Lynch, Smith, Kaplan, & House, 2000). These risk factors include poverty, lack of education, inadequate housing, lack of transportation, poor nutrition, discrimination, trauma and abuse, substance abuse, and social isolation.

While addressing each of these risk factors is beyond the scope of this task force, the task force acknowledges that it is crucial to include these factors in an overall vision of mentally healthy communities. Individualized community solutions are needed, because each community is unique. The state can be instrumental in beginning or advancing these community-level discussions. There are recommendations in this report that target actions that could be taken at the community level.

This diagram shows where people typically intersect with their communities. This includes, but is not limited to, the following: at their place of employment, in their neighborhoods, in their schools, at primary care clinics, in their social groups, faith communities, and civic organizations, and at their hospitals. While these interactions can provide natural supports to anyone in the community, they can also be important access points for people who are at risk of, or are in the early stages of developing, a serious mental illness, including a co-occurring substance abuse problem or severe emotional disturbance. The task force believes these are critical points where various community members can help in the identification and support of these individuals. This report contains recommendations for actions that could be taken at this level.

The bottom half of the diagram portrays a view of the system that is mobilized when people's needs are beyond the scope or ability of the natural support system. This includes the public mental health system (i.e. Community Mental Health Centers (CMHC) and other behavioral healthcare providers), which is designed to serve those individuals who are identified as having a serious mental illness or a severe emotional disturbance. A vision for mental health must include a robust community behavioral health system for those with a serious mental illness or a severe emotional disturbance, including those with co-occurring substance use disorders. The ultimate focus of this public behavioral health care system must be to help people return to, or more fully participate in, the community. This is accomplished by helping people meet desired community-based goals and assisting with the removal of barriers to achieving these goals. A strong behavioral health care system must include, but is not limited to, the following elements: evidence-based practices that are shown to be effective at achieving specific outcomes; integrated mental health, physical health, and substance abuse services; accessible and timely crisis response services; capacity for local or regional crisis stabilization; focus on recovery; and an emphasis on prevention and early intervention. The state must hold the system accountable for meeting certain performance measures, but also ensure adequate funding is present to carry out these key tasks. The state is responsible for ensuring that all Kansans with a serious mental illness or severe emotional disorder can receive these services regardless of ability to pay. This report contains recommendations for actions that could be taken at this level.

Even with a strong and viable behavioral health care system, there will be times when people with serious mental illness are not in systems that can provide the treatment and support they need to thrive in the community. The branches extending from the community behavioral health care system represent other systems, which have a valued role in the community, but for some people these systems may not be the best place to have their mental health care needs met. This would include individuals with mental illness who are in prisons, jails, correctional facilities, state psychiatric hospitals, Psychiatric Residential Treatment Facilities (PRTF), and Nursing Facilities for Mental Health (NFMH), to name a few. The state needs to evaluate various entry points to these systems and establish better assessment and diversion programs and protocols that ensure individuals get the right help for their needs. When these entry points fall within the authority of different State Departments (e.g. Department of Corrections, Department for Aging and Disability Services, Department for Children and Families, etc.), expectations for communication, actions, and outcomes must be clearly delineated, monitored, and reinforced. This report contains recommendations for actions that could be taken at this level.

Executive Summary

In January, 2013, Governor Sam Brownback declared the creation of a task force to study the mental health system of Kansas. The Governor was interested in examining ways to encourage intra-agency collaboration and coordination to better utilize resources for mental health programs for individuals and families and increase efficiencies. Furthermore, he wished to examine key factors necessary for increasing community supports and community capacity for those with a mental illness or those with a predisposition for developing mental illness.

Vision

Kansas communities will have the capacity to support and care for all individuals in a manner that empowers mental and emotional wellness and allows them to live meaningful and productive lives.

Mission

To identify successful community programs and initiatives that can be replicated across the State of Kansas using a comprehensive approach that encompasses prevention, treatment, and promotion of recovery and wellness in order to improve the lives of persons with behavioral health needs. Work to increase state agency collaboration and promote cross-agency initiatives that improve outcomes for Kansans with behavioral health needs.

Goals

1. Specifically determine what state agencies can do to ensure efficiencies exist across state systems to better identify, treat, and support individuals with mental illness who are:
    a. utilizing the mental health system;
    b. not being reached by appropriate mental health services;
    c. at risk for developing mental health issues.
2. Review research-based protective factors and recommend community solutions that will minimize and prevent the circumstances that create or exacerbate chronic mental health conditions.

The task force arrived at the following recommendations in the following theme areas:

Accountability for Outcomes and Effective Services

Recommendation 1. The task force recommends that the state complete a comprehensive, ongoing analysis of the cost of providing behavioral health care and model of service delivery to Kansans with serious mental illnesses or severe emotional disorders, including those with co-occurring substance use disorders. This analysis should be used to determine how funding could be invested to support the most appropriate behavioral health care that is needed to achieve the desired outcomes.

The task force recommends that the state create an inter-agency task force to complete a comprehensive analysis of the data systems currently in place within and across state agencies, and develop a plan for achieving integrated client level data systems. This task force should determine what data is needed to achieve specific state-set outcomes.

Recommendation 2. The task force recommends that state agencies ensure that practices used to assess, treat, or support individuals and/or families are based in evidence and are effective at achieving the desired outcomes. All current practices should be re-evaluated in terms of their effectiveness at achieving the state set consumer outcomes. New innovative practices should be selected or approved, in part, based on the findings from research in the field. If the research is limited or inconclusive, new practices or programs should be implemented on a small scale with a well-designed evaluation component prior to large scale implementation.

The task force recommends that the state create a standing intra-agency task force to look at case specific or larger systems issues to assure coordinated care and resource utilization when individuals/families cross state systems and behavioral health needs are involved.

Recommendation 3. The task force recommends that the state establish a core set of client outcomes that could apply across state entities who have responsibilities to people with serious mental illnesses and severe emotional disorders. These entities could include mental health, substance abuse, corrections, juvenile justice, vocational rehabilitation, state hospitals, and entities that contract directly with the state (e.g. nursing facilities for mental health, psychiatric residential treatment facilities, etc.) or through a state surrogate (i.e. managed care organizations). These outcomes would routinely be included in state agency reports and made available to the legislature and the general public. These outcomes would also be explicitly written into contracts with entities that provide behavioral health care services.

Access to Effective Services and Supports

Evidence-Based and Emerging Best Practices

Recommendation 1. The task force recommends that the state expand evidence-based and emerging best practices for adults with serious mental illness that have demonstrated effectiveness in the following areas: competitive employment, post-secondary education, independent living (including housing retention), decrease in-patient state psychiatric hospitalization, increase in community involvement/inclusion, decrease in chronic health conditions.

Practices identified in adult mental health at achieving these outcomes include the following:

- Individual and Placement and Support (IPS) Model of Supported Employment (Bond, Drake, & Becker, 2008)
- Strengths Model Case Management (Rapp & Goscha, 2012)
- Integrated Dual Disorders Treatment (Drake, Mueser, Brunette, & McHugo, 2004: Mueser, 2003)
- Illness Management and Recovery (Mueser, Meyer, Penn, Clancy, Clancy, & Salyers, 2006)
- Family Psychoeducation (MacFarlane, Dixon, Lukens, & Lucksted, 2003)
- Peer Support (Solomon, 2004; Davidson, Chinman, Kloos, Weingarten, Stayner, & Tebes, 1999)
- Shared Decision Making Around Psychiatric Medications (i.e. CommonGround) (Deegan, 2010)

The task force recommends that the state provide financial incentives to make the expansion feasible, including ensuring reimbursement for components of specific evidence-based practices that are not currently reimbursable.

For Community Mental Health Centers not achieving outcomes consistent with those demonstrated through specific, targeted, evidence-based practices, the task force recommends that the state consider an evaluation to determine the following: 1) specific barriers to achieving the outcomes and/or implementation of the evidence-based practices; and 2) a solution to overcome the specified barriers.

Further, the task force recommends that the initiate a pilot program to add Supported Education components to Supported Employment.

Recommendation 2. The task force recommends that the state ensure that all persons with serious mental illness can access services regardless of their ability to pay and ensure that adequate resources are in place to meet this need. This could include increasing state aid or other creative financing if necessary.

Recommendation 3. The task force recommends that the state explore the feasibility of implementing Assertive Community Treatment (ACT) teams for those individuals who are at most risk of inpatient psychiatric hospitalization; consider a pilot of ACT with one or two teams in Kansas and design a study to evaluate its effectiveness.

Recommendation 4. The task force recommends that the state decide on which evidence-based and emerging best practices for children can be expanded across the state, based on the specific outcomes targeted. This includes further exploring the viability of current projects with Positive Behavioral Support, child trauma based treatment programs, and others to determine their effectiveness and availability state wide.

Further, the task force recommends that the state initiate a pilot of the following practices along with an evaluation strategy to study how components of these practices can be applied to children with severe emotional disorders or mental illness and its effectiveness at improving outcomes:

- Strengths Model Case Management
- Integrated Dual Disorders Treatment
- Illness Management and Recovery
- Family Psychoeducation
- Shared Decision Making around use of medications (e.g. Journey's Program)
- Interventions to help children in custody be returned and supported in their most natural environment.

Recommendation 5. The task force recommends that the state consider policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely. This would allow for better transition planning. The task force believes it would reduce recidivism rates if the state were to allow for the continuation of mental health treatment and payment of services during times of incarceration and create specific mechanisms of coordination between behavioral healthcare providers and correctional facilities, based on best practices.

Recommendation 6. The task force recommends that the state increase the availability of evidenced-based, community-based interventions, targeted to strengthen family systems.

Recommendation 7. The task force recommends that the state increase the capacity within community-based treatment programs to deliver evidenced-based services to people with co-occurring mental health and substance use disorder conditions.

Primary and Behavioral Healthcare

Recommendation 1. The task force recommends that the state take steps to ensure that all Kansans with a serious mental illness or severe emotional disorder, including those with co-occurring substance use disorders, are enrolled in a health home to provide access to primary health care services.

Recommendation 2. The task force recommends that the state research model health homes that have demonstrated effectiveness of improving outcomes for common health problems for people with serious mental illness or severe emotional disorders including, but not limited to the following: obesity, hypertension, cardiovascular disease, and diabetes. The focus of this research should be on the process of providing quality, person-centered care, not solely on the structural elements of a health home, leading to the development of in-state expertise to support implementation of health homes based on best practices.

Recommendation 3. The tasks force recommends that the state examine the viability of expanding the panel of behavioral health clinicians authorized to provide services in Kansas Federally Qualified Health Centers.

Recommendation 4. The task force recommends that the state identify federally funded programs that target behavioral health care professionals' careers to help with tuition reimbursement.

Effective Crisis Response, Prevention and Early Intervention

Recommendation 1. The task force recommends that the state expand the use of Crisis Intervention Teams (CIT) to all police departments in Kansas. If CIT is not determined to be feasible for a particular community, steps should be taken to remove barriers to providing CIT or develop an alternative to provide police officers and first responders with the skills, methods, and tactics to safely de-escalate incidents involving persons experiencing a mental health crisis.

Recommendation 2. The task force recommends that the state expand Mental Health First Aid (MHFA) training in Kansas, including the creation of a plan to expand the number of instructors trained in MHFA and a mechanism to reach community groups who are most likely to come into contact with adults and children experiencing a mental health crisis (i.e. schools, churches, law enforcement, social service agencies, etc.).

Recommendation 3. The task force recommends that the state consider the feasibility of expanding mental health courts and jail diversion programs across Kansas. The state should also consider the evaluation of successful models in Kansas and funding options to allow sustainability of programs that work.

Recommendation 4. The task force recommends that the state expand the use of evidence-based screenings for substance use disorders.

The task force recommends that the state increase use of evidenced-based behavioral health screenings and brief intervention services to aid in early identification of mental health and substance use disorders within primary care clinics, medical settings, community health centers, and schools. The state should determine if there are effective behavioral health screening mechanisms currently in place (e.g. Screening, Brief Intervention, and Referral to Treatment [SBIRT], depression screenings, etc.) that help identify at-risk individuals who need behavioral health care. The state should consider expanding these outreach efforts if determined effective.

The task force recommends that the state make available information about behavioral healthcare support resources to individuals seeking disability support services. Additionally, the state should consider adding screening questions to the disability application process that would help guide disability counselors in making referrals for behavioral healthcare supports.

Recommendation 5. The task force recommends that the state provide financial incentives for behavioral health screenings in preschool settings.

Recommendation 6. The task force recommends that the state develop a statewide infrastructure for tele-psychiatry.

Recommendation 7. The task force recommends that after conducting an evaluation of the pilot to transition Rainbow Mental Health Facility into a crisis stabilization resource in the Kansas City metro area, the state should use this learning to determine how to replicate delivery of these services across the state. The goal would be to develop a one stop crisis/prevention location for children, youth, adults, and families, located in every major population center, driven by that area's behavioral healthcare providers. This would allow for crisis and respite as well as substance use disorder social detox beds, where triage, assessment and treatment could occur. Consider a pilot in the rural/frontier parts of the state.

Recommendation 8. The task force recommends that the state develop alternative options, including using trauma-informed treatment approaches, to assist runaway youth get the help they need in lieu of incarceration.

Recommendation 9. The task force recommends that the state develop trauma-based behavioral health services for parents whose children are in the custody of the Kansas Department for Children and Families (DCF) or at risk of entering custody.

Recommendation 10. The task force recommends that the state provide financial support to effective preschool and early childhood behavioral health care programs based on outcomes.

Recommendation 11. The task force recommends that the state explore the feasibility of offering all school children access to school counseling, mental health counseling, and school nursing services.

Enhanced Community Involvement and Engagement

Recommendation 1. The task force recommends that the state support the development of local community coalitions that will work to engage the broader community in identifying ways to better support not only those individuals and families who have a serious mental illness or serious emotional disorder, but also those who are at risk of developing these conditions. Fundamental questions that will need to be addressed in the development of these community coalitions will be to:

1. Define who are key stakeholders who should participate as part of a community coalition;
2. Determine what outcomes the community coalition will address;
3. Determine specifically what the community coalition should to do in relation to these outcomes;
4. Determine who will make specific actions happen;
5. Determine the course of action if outcomes are not achieved or there is not follow through on specific tasks;
6. Develop an evaluation component of these efforts to determine if efforts are successful and make improvements when needed.

Recommendation 2. The task force recommends that the state develop and provide training curriculum for educators to increase their ability to recognize signs of emotional disorders and make appropriate referrals for treatment.

The task force also recommends that the state support the development of trauma-informed assessment and systems of care in schools to identify at risk youth.

Recommendation 3. The task force recommends that the state provide resources (training and technical assistance) to assist communities to gather and analyze data, assess local policies/practices, and to take a comprehensive approach to building local capacity for helping individuals/families increase protective factors to reduce risk associated with mental illness and to create communities that support mental health wellness.

Recommendation 4. The task force recommends that the state strongly encourage behavioral health education of current front-line responders, police officers, corrections workers, nurses/doctors, educators, judges and family law attorneys through required continuing education courses.

Recommendation 5. The task force recommends that the state research the possibility of including new standards that address mental health knowledge in the licensing of educators.

Recommendations

The task force believes that all Kansans experiencing a serious mental illness or severe emotional disorder, including those with co-occurring substance use disorders, should be able to live full and productive lives in the community. This means that each person would have the opportunity to achieve meaningful and important life goals similar to any other Kansas resident, such as having a safe and affordable place to live, earning an income through employment, achieving educational goals, participating in a nurturing family system, participating in and contributing to the life of their community, and enjoying supportive relationships that contribute to their overall well-being. Because a serious mental illness or severe emotional disorder can disrupt an individual's ability to do these things, all Kansans with a serious mental illness or severe emotional disorder should have access to the most effective services and supports to maximize each person's ability to thrive in their community. This includes access to evidence-based practices, crisis services, substance abuse treatment, early intervention services, primary healthcare, and comprehensive, home- and community-based, family-centered services and supports. At the same time our communities, state, and nation should help create conditions that promote positive mental health and emotional well-being and prevent the further onset of severe mental illnesses and emotional problems. This will require partnerships between families, national and state agencies, communities, and service providers and each must be held accountable for meeting their responsibilities.

Accountability for Outcomes and Effective Services

Accountability defines who is responsible for what activities, to whom, and toward what desired outcomes. For adults with serious mental illnesses and children with severe emotional disorders, including those with co-occurring substance use disorders, helping people thrive in their communities to the fullest extent possible should be the ultimate goal. For adults with serious mental illness, this idea is conceptualized through the term "recovery." SAMHSA defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." In Kansas, the core recovery outcomes are competitive employment, independent living, participation in education, and avoiding state hospitalization. Improving the physical health status of this population has a new urgency given that people with a serious mental illness have a life expectancy 25 years less than the general population.

For children with severe emotional disorders, key outcome indicators include, but are not limited to the following: living in a permanent home, attending school, improved academic performance, completion of high school, decrease in use of institutional care, and decreased contact with law enforcement.

Challenges

- Mental health problems among children and adolescents constitute a public health crisis for our nation and our communities. An increasing number of children and youth (approximately 20 percent of all children) are impacted in all spheres of their lives. This results in costly and often

tragic consequences. Emotional problems that are both serious and long lasting can lead to poor academic achievement, failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems, and suicide.

- People with a serious mental illness can be found not only in our community mental health system and state hospitals, but also increasingly, in jails and correctional facilities, homeless shelters, and Nursing Facilities for Mental Health (NFMH). Defining what entity is responsible for what actions is daunting.
- Most youth with emotional problems are involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health; however we do not have a system that clearly defines responsibility and/or accountability.
- A large number of people who lack insurance cannot access community mental health services and therefore they default to emergency rooms, state hospitals, and jails where the costs are born by hospitals, counties and the state.
- State policy lacks mandates and sufficient incentives that directly lead to improvement of desired outcomes.
- There is a need for reliable and accurate data systems that would ideally operate across multiple entities. Information sharing needs to be universal between state agencies and CMHCs. This might require a statutory change.
- It is important that policy decisions affecting mental health be informed by supportive research that demonstrates which decisions are likely to improve consumer outcomes.

All recommendations contained within this report must be founded on basic elements of accountability. The state needs to establish clear outcome measurement standards that need to be met for persons with a serious mental illness or severe emotional disorder. These standards need to be based on indicators of recovery that help people pursue a full life outside of the behavioral health care system. Outcomes should be similar to the expectations of any Kansas resident: paid employment, education, healthy supportive relationships, safe and affordable housing, sustained or improved physical health, and ways to participate in and contribute to the community.

Contracted providers should be held accountable for achieving the required outcomes but also provided the resources to achieve them and the incentives to motivate action. There must be evidence that the services the state pays for actually improve specified outcomes. All services should have an evaluative component so that performance improvement becomes an ongoing activity.

Efforts must be made to keep persons with serious mental illness or severe emotional disorders out of systems that are not designed to treat and support these individuals to live in the community. Efforts must also be made to keep people from entering the public mental health system, unless deemed necessary, and when this occurs a plan should be developed to help individuals exit the system as soon

as possible. CMHC's are in the best position and are the most appropriate entity to be accountable for individuals with serious mental illnesses and severe emotional disorders regardless of the system they enter or their location within the state.

The task force recommends the following to improve accountability for outcomes and effective services:

Recommendation 1. The task force recommends that the state complete a comprehensive, ongoing analysis of the cost of providing behavioral health care and model of service delivery to Kansans with serious mental illnesses or severe emotional disorders, including those with co-occurring substance use disorders. This analysis should be used to determine how funding could be invested to support the most appropriate behavioral health care that is needed to achieve the desired outcomes.

The task force recommends that the state create an inter-agency task force to complete a comprehensive analysis of the data systems currently in place within and across state agencies, and develop a plan for achieving integrated client level data systems. This task force should determine what data is needed to achieve specific state-set outcomes.

Recommendation 2. The task force recommends that state agencies ensure that practices used to assess, treat, or support individuals and/or families are based in evidence and are effective at achieving the desired outcomes. All current practices should be re-evaluated in terms of their effectiveness at achieving the state set consumer outcomes. New innovative practices should be selected or approved, in part, based on the findings from research in the field. If the research is limited or inconclusive, new practices or programs should be implemented on a small scale with a well-designed evaluation component prior to large scale implementation.

The task force recommends that the state create a standing intra-agency task force to look at case specific or larger systems issues to assure coordinated care and resource utilization when individuals/families cross state systems and behavioral health needs are involved.

Recommendation 3. The task force recommends that the state establish a core set of client outcomes that could apply across state entities that have responsibilities to people with serious mental illnesses and severe emotional disorders. These entities could include mental health, substance abuse, corrections, juvenile justice, vocational rehabilitation, state hospitals, and entities that contract directly with the state (e.g. nursing facilities for mental health, psychiatric residential treatment facilities, etc.) or through a state surrogate (i.e. managed care organizations). These outcomes would routinely be included in state agency reports and made available to the legislature and the general public. These outcomes would also be explicitly written into contracts with entities that provide behavioral health care services.

Access to Effective Services and Supports

The central recommendation of the task force is that the state should undertake necessary steps to ensure access to effective services and supports needed for Kansans with a serious mental illness or severe emotional disorder, including those with co-occurring substance use disorders, to recover and live meaningful and productive lives in the community. This will require a comprehensive, cross-agency, public health approach for promoting, preserving and restoring a strong and viable behavioral healthcare system focused on strengthening and supporting adults, children and their families in their communities with an emphasis on prevention and early intervention whenever possible.

Access means that a person can receive the correct service at the time that it is needed. This would include effective evidence-based services and appropriate medication for Kansans with and without insurance.

Challenges

- Distance between residence and services;
- Lack of affordable and reliable transportation to get to needed services;
- Stigma and discrimination;
- Complexity of rules and regulations;
- Multiple agencies providing a variety of services;
- Complex systems for consumers to navigate;
- Deficient capacity of some services;
- Restricted hours or days of services;
- Lack of means to pay for services;
- Lack of access for those not qualifying for SED waiver;
- Access disparities in rural and frontier parts of Kansas.

The task force notes that the situation has been exacerbated by reductions in community-based services and delays in access for low-income Kansans. Often consumers are incarcerated or use emergency rooms because access to other services is limited. One major barrier to accessibility is the lack of means to pay or reimburse for services. Notable examples include:

1. People released from prison without a Medicaid card or an active application for SSI, or effective transition to community based services.
2. A significant number of Kansans who lack health insurance and are currently ineligible for Medicaid (most of these are working poor).

Another factor that impacts accessibility is how ill the individual must be to access services. Some individuals are not able to access services until their situation reaches a crisis. Some services are simply not available in certain areas (e.g. evidence-based practices, crisis stabilization, etc.). Often this is due to inadequate reimbursement for services or lack of leadership at the county, hospital, CMHC, law enforcement or state level. Shrinking resources force the behavioral healthcare system to focus on persons who are most in need of care, causing gaps in service for individuals who have less severe illnesses or are at risk of developing more severe conditions. If this trend continues, the lack of access for these populations could contribute to the development of more severe conditions which could further stress the system.

The task force identified the following areas in which access can be improved:

- Access to evidence-based practices and emerging best practices with strong levels of evidence
- Access to primary and behavioral healthcare
- Access to effective crisis response services, including services related to prevention, early intervention, and crisis stabilization
- Efforts aimed at helping communities better identify persons at risk of serious mental illness or severe emotional disorders and expand roles to support these individuals to thrive in their communities

Evidence-Based and Emerging Best Practices

The most effective services for Kansans with serious mental illness and severe emotional disorders are not universally available throughout the state. The current consensus in the field regarding adults with serious mental illness is that the Individual Placement and Support Model of supported employment (IPS-SE), Integrated Dual Disorders Treatment (IDDT), Illness Management and Recovery (IMR), Assertive Community Treatment (ACT), and Family Psychoeducation (FPE) are clearly evidence-based practices. Strengths Model case management, Supported Education, CommonGround shared decision making, Supported Housing, Dialectical Behavioral Therapy (DBT), and peer support are emerging as the next wave of evidence-based practices.

The effectiveness of these services are based on their superior ability to prevent hospitalization, improve competitive employment achievement, facilitate recovery from substance abuse, and help people participate more fully in their community.

For children with severe emotional disorders, Home Based Family Therapy, Positive Behavioral Support, Parent Support Training, Wraparound Services, Functional Family Therapy, Multi Systemic Therapy, and Trauma Informed Care approaches all have evidence that they can positively impact client outcomes. There is some evidence that Multi-Systemic Therapy can affect a reduction in substance use, rates of re-arrest, and out- of- home placements for violent and chronic juvenile offenders (Schaeffer & Borduin, 2005). Positive Behavior Support: There is some evidence to support Positive Behavior Support increasing perceived safety at school, increased academic performance, and reductions in school office discipline (Horner, Sugai, Smolkowski, Eber, Nakasato, Todd & Esperanza, 2009), as well as reductions in observed problem behavior and improved social behavior (Horner, Sugai, Todd, & Lewis-Palmer, 2005). Functional Family Therapy: There is some evidence Functional Family Therapy can reduce youth behavioral problems and reduction in youth crime, felony, misdemeanor offenses (Sexton & Turner, 2010), as well as youth violence and drug abuse (Waldron & Turner, 2008). There is some evidence to suggest that wraparound services can increase parent engagement, and higher agreement from parents and children about treatment goals (Walker & Bruns, 2007; Walter & Petr, 2011) and increases in academic, emotional, and behavioral functioning (Eber & Nelson, 1997). Trauma Informed Care approaches may help systems better engage and avoid re-traumatizing children who have experienced trauma previously (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, Brymer & Layne, 2008). Strengths Model case management has some early data that it can be effective working with transitional aged youth (ages 15-18), but needs to be tested in regards to feasibility for working with younger children.

Any discussion of quality of services must include the high fidelity implementation of these practices. Each of these practices requires adequate clinical supervision to achieve fidelity. Current barriers include:

- Some critical components of evidence-based practices are not reimbursable (e.g. job development in supported employment);
- Lack of adequate supervision (e.g. excessive worker to supervisor ratios);
- Lack of adequate incentives for implementation of evidence-based practices in each CMHC catchment area;
- Reduced funding has led to triaging and minimal service options for people with no pay source.

The task force recommends the following to increase access to evidence-based and emerging best practices:

Recommendation 1. The task force recommends that the state expand evidence-based and emerging best practices for adults with serious mental illness that have demonstrated effectiveness in the following areas: competitive employment, post-secondary education, independent living (including housing retention), decrease in-patient state psychiatric hospitalization, increase in community involvement/inclusion, decrease in chronic health conditions.

Practices identified in adult mental health at achieving these outcomes include the following:

- Individual and Placement and Support (IPS) Model of Supported Employment (Bond, Drake, & Becker, 2008)
- Strengths Model Case Management (Rapp & Goscha, 2012)
- Integrated Dual Disorders Treatment (Drake, Mueser, Brunette, & McHugo, 2004: Mueser, 2003)
- Illness Management and Recovery (Mueser, Meyer, Penn, Clancy, Clancy, & Salyers, 2006)
- Family Psychoeducation (MacFarlane, Dixon, Lukens, & Lucksted, 2003)
- Peer Support (Solomon, 2004; Davidson, Chinman, Kloos, Weingarten, Stayner, & Tebes, 1999)
- Shared Decision Making Around Psychiatric Medications (i.e. CommonGround) (Deegan, 2010)

The task force recommends that the state provide financial incentives to make the expansion feasible, including ensuring reimbursement for components of specific evidence-based practices that are not currently reimbursable.

For Community Mental Health Centers not achieving outcomes consistent with those demonstrated through specific, targeted, evidence-based practices, the task force recommends that the state consider an evaluation to determine the following: 1) specific barriers to achieving the outcomes and/or implementation of the evidence-based practices; and 2) a solution to overcome the specified barriers.

Further, the task force recommends that the initiate a pilot program to add Supported Education components to Supported Employment.

Recommendation 2. The task force recommends that the state ensure that all persons with serious mental illness can access services regardless of their ability to pay and ensure that adequate resources are in place to meet this need. This could include increasing state aid or other creative financing if necessary.

Recommendation 3. The task force recommends that the state explore the feasibility of implementing Assertive Community Treatment (ACT) teams for those individuals who are at most risk of inpatient psychiatric hospitalization; consider a pilot of ACT with one or two teams in Kansas and design a study to evaluate its effectiveness.

Recommendation 4. The task force recommends that the state decide on which evidence-based and emerging best practices for children can be expanded across the state, based on the specific outcomes targeted. This includes further exploring the viability of current projects with Positive Behavioral Support, child trauma based treatment programs, and others to determine their effectiveness and availability state wide.

Further, the task force recommends that the state initiate a pilot of the following practices along with an evaluation strategy to study how components of these practices can be applied to children with severe emotional disorders or mental illness and its effectiveness at improving outcomes:

- Strengths Model Case Management
- Integrated Dual Disorders Treatment
- Illness Management and Recovery
- Family Psychoeducation
- Shared Decision Making around use of medications (e.g. Journey's Program)
- Interventions to help children in custody be returned and supported in their most natural environment.

Recommendation 5. The task force recommends that the state consider policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely. This would allow for better transition planning. The task force believes it would reduce recidivism rates if the state were to allow for the continuation of mental health treatment and payment of services during times of incarceration and create specific mechanisms of coordination between behavioral healthcare providers and correctional facilities, based on best practices.

Recommendation 6. The task force recommends that the state increase the availability of evidenced-based, community-based interventions, targeted to strengthen family systems.

Recommendation 7. The task force recommends that the state increase the capacity within community-based treatment programs to deliver evidenced-based services to people with co-occurring mental health and substance use disorder conditions.

Primary and Behavioral Healthcare

Co-occurring medical conditions for adults with serious mental illness are high in prevalence, incidence, and significance compared to the general population. For the years between 2001 and 2003, according to The National Comorbidity Survey Replication (Kessler, Berglund, Chiu, Demler, Heeringa, Hiripri, Jin, Pennell, Walters, Zaslavsky, and Zheng, 2004), 68% of people with mental disorders reported having at least one medical condition. Several medical conditions are commonly co-occurring for people with serious mental illness. They include cardiovascular disease, obesity and metabolic syndromes, diabetes mellitus, respiratory disorders, HIV/AIDS, and cancer (Scott & Happell, 2011; Heald, 2010). Illustrating the significance of the problem of co-occurring medical conditions for people with serious mental illness, The National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council report on the *Morbidity and Mortality in People with Serious Mental Illness* (Parks, Svendsen, Singer, & Forti, 2006) documented that people with serious mental illness have a 25 year shorter life span than the general population. Furthermore, specifically, "…60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infectious diseases" (p. 5).

Children with severe emotional disorders do not have the same high rates of expensive comorbid physical health conditions as found in adults with serious mental illness, but even so, recent estimates suggest about one-third of Medicaid-enrolled children who use behavioral health care have serious medical conditions (Pires, Grimes, Gilmer, Allen, Mahadevan, and Hendricks, 2013). Early detection and treatment is essential to avoid more chronic conditions later in life.

Given that people with serious mental illnesses have higher rates of co-occurring physical health conditions and higher total Medicaid costs than beneficiaries without serious mental illnesses, "health homes" are being promulgated by the Centers for Medicare and Medicaid Services to better meet the needs of people receiving public benefits and who have multiple chronic illnesses. The underlying principles of these integrated health homes reflect those of the traditional medical home and consist of coordinated care and access to services that are comprehensive, evidence-based and patient-centered. Integration of health, mental health and substance abuse treatment is aimed at improving the coordination of services. Most CMHC's in Kansas currently have cooperative or collaborative agreements with Primary Care Physicians (PCP's). Many are also now working with Federally Qualified Health Centers (FQHC's), PCP clinics, and/or placing primary care practitioners within their own clinics. These collaborations or partnerships are essential in addressing the overall healthcare needs of adults and children.

The first populations within KanCare to have health homes are adults with serious mental illness and children with severe emotional disturbances. Evaluating the performance of the community mental health system in carrying out this function is of great importance. Learning from this will help operationalize the protocols and behavioral antecedents of what comprises effective integration and coordination of services.

The task force recommends the following to improve access to primary and behavioral healthcare:

Recommendation 1. The task force recommends that the state take steps to ensure that all Kansans with a serious mental illness or severe emotional disorder, including those with co-occurring substance use disorders, are enrolled in a health home to provide access to primary health care services.

Recommendation 2. The task force recommends that the state research model health homes that have demonstrated effectiveness of improving outcomes for common health problems for people with serious mental illness or severe emotional disorders including, but not limited to the following: obesity, hypertension, cardiovascular disease, and diabetes. The focus of this research should be on the process of providing quality, person-centered care, not solely on the structural elements of a health home, leading to the development of in-state expertise to support implementation of health homes based on best practices.

Recommendation 3. The tasks force recommends that the state examine the viability of expanding the panel of behavioral health clinicians authorized to provide services in Kansas Federally Qualified Health Centers.

Recommendation 4. The task force recommends that the state identify federally funded programs that target behavioral health care professionals' careers to help with tuition reimbursement.

Effective Crisis Response, Prevention, and Early Intervention

Persons with a serious mental illness or a severe emotional disorder can often experience recurrent and significant crises in their life (Arfken, Zeman, Yeager, Mischel, & Amirsadri, 2002). These crises are not the inevitable consequences of mental illness, but rather represent the combined impact of multiple factors, including difficulty accessing essential services and supports, poverty, unstable living situations, coexisting substance use, health problems, discrimination, and victimization (Malla & Payne, 2005). Homelessness, police contact, institutionalization, and other adverse events are in themselves crises, and may also contribute to further crises (Lamb, & Weinberger, 1998; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). Considering the high rates of suicide among those with a serious mental illness, addressing crises is critical (Parks et al., 2006). The cycle of continuing trauma and crises is expensive to communities (SAMHSA, 2014).

Addressing mental health crises should be done in the least intrusive means feasible. At the most desirable end, many crises can be prevented, attenuated, or resolved through the help of families, friends, self-help, or mutual help. At the most disruptive end of the continuum is state psychiatric hospitalization, which can separate a person from community and all the connections (e.g. family, friends, job, church, apartment, etc.) that normally sustain a person. Between these two extremes, lies a range of possible community-based, professionally driven services: hot and warm lines, crisis case management, in-home attendant care, mobile crisis services, crisis stabilization, and brief psychiatric hospitalization in community hospitals. The latter two (crisis stabilization and local hospital beds) are particularly important to avoid state psychiatric hospitalization (Marty, Rapp, & Holter, 2008).

Data from Kansas supports this contention (Marty, Rapp, & Holter, 2009). A crisis stabilization program once jointly operated by the University of Kansas Medical Center, Johnson County Mental Health Center, and Wyandot Mental Health Center diverted 85% of persons determined to be at risk of hospitalization to an outpatient alternative. This program no longer exists.

Ultimately, Kansas needs to move from a crisis-driven mental health system to one that includes a focus on prevention and wellness. People experiencing mental health symptoms should have access to needed services and supports as early as possible. Prevention and early intervention efforts mitigate the development or worsening of a mental illness and substance abuse and reduce the negative consequences of mental illness, including suicide, homelessness, incarceration, and disruption to one's employment and education. Recognizing that schools are a primary reception site for youth for most services, behavioral health services should be employed there including early screening, intervention, prevention, positive behavioral supports and evidence-based treatment services.

While some prevention and early intervention efforts are underway in some communities, they are not systematically being done in all settings providing behavioral health care services. Kansas should research programs that are effective for working with people who experience first episodes of psychosis, mania, and depression.

The task force recommends the following to improve access to effective crisis response services, including services related to prevention, early intervention, and crisis stabilization:

> **Recommendation 1.** The task force recommends that the state expand the use of Crisis Intervention Teams (CIT) to all police departments in Kansas. If CIT is not determined to be feasible for a particular community, steps should be taken to remove barriers to providing CIT or develop an alternative to provide police officers and first responders with the skills, methods, and tactics to safely de-escalate incidents involving persons experiencing a mental health crisis.

Recommendation 2. The task force recommends that the state expand Mental Health First Aid (MHFA) training in Kansas, including the creation of a plan to expand the number of instructors trained in MHFA and a mechanism to reach community groups who are most likely to come into contact with adults and children experiencing a mental health crisis (i.e. schools, churches, law enforcement, social service agencies, etc.).

Recommendation 3. The task force recommends that the state consider the feasibility of expanding mental health courts and jail diversion programs across Kansas. The state should also consider the evaluation of successful models in Kansas and funding options to allow sustainability of programs that work.

Recommendation 4. The task force recommends that the state expand the use of evidence-based screenings for substance use disorders.

The task force recommends that the state increase use of evidenced-based behavioral health screenings and brief intervention services to aid in early identification of mental health and substance use disorders within primary care clinics, medical settings, community health centers, and schools. The state should determine if there are effective behavioral health screening mechanisms currently in place (e.g. Screening, Brief Intervention, and Referral to Treatment [SBIRT], depression screenings, etc.) that help identify at-risk individuals who need behavioral health care. The state should consider expanding these outreach efforts if determined effective.

The task force recommends that the state make available information about behavioral healthcare support resources to individuals seeking disability support services. Additionally, the state should consider adding screening questions to the disability application process that would help guide disability counselors in making referrals for behavioral healthcare supports.

Recommendation 5. The task force recommends that the state provide financial incentives for behavioral health screenings in preschool settings.

Recommendation 6. The task force recommends that the state develop a statewide infrastructure for tele-psychiatry.

Recommendation 7. The task force recommends that after conducting an evaluation of the pilot to transition Rainbow Mental Health Facility into a crisis stabilization resource in the Kansas City metro area, the state should use this learning to determine how to replicate delivery of these services across the state. The goal would be to develop a one stop crisis/prevention location for children, youth, adults, and families, located in every major population center, driven by that area's behavioral healthcare providers. This would allow for crisis and respite as well as substance use disorder social detox beds, where triage, assessment and treatment could occur. Consider a pilot in the rural/frontier parts of the state.

Recommendation 8. The task force recommends that the state develop alternative options, including using trauma-informed treatment approaches, to assist runaway youth get the help they need in lieu of incarceration.

Recommendation 9. The task force recommends that the state develop trauma-based behavioral health services for parents whose children are in the custody of the Kansas Department for Children and Families (DCF) or at risk of entering custody.

Recommendation 10. The task force recommends that the state provide financial support to effective preschool and early childhood behavioral health care programs based on outcomes.

Recommendation 11. The task force recommends that the state explore the feasibility of offering all school children access to school counseling, mental health counseling, and school nursing services.

Enhanced Community Involvement and Engagement

The community plays an important role in the recovery and well-being of those diagnosed with a serious mental illness or a severe emotional disorder, including those with co-occurring substance use. The community is the natural environment where people find meaning, purpose, and live out valued life roles. The community includes not only natural supports such as family, friends, and key supportive relationships, but it also includes the natural settings where any person in Kansas finds opportunities for work, learning, leisure, involvement, inclusion, and expressions of one's faith.

For those who are currently receiving mental health services, all services should be designed to help people fully participate in the community of their choice. This means that formal and informal mental health supports should focus on the achievement of goals that move people away from the mental health system and toward community inclusion and reliance. This involves finding the community niches where people can thrive based on their unique strengths.

For those not receiving mental health services but in need of assistance, the community is key, not only to helping those with a serious mental illness gain access to needed services and supports, but also to providing the protective factors that can possibly minimize the intensity or need for formal mental health services.

Given that the community should be viewed as part of the solution, the following challenges should be addressed:

- Communities should become well versed on ways they can help. This can range from knowing what to do when interacting with a person who is seemingly experiencing mental health symptoms to knowing how to provide supports to help people with a serious mental illness or severe emotional disorder thrive in the community.
- Family and natural supports should be involved in all stages of the treatment process, whenever possible. Therefore, they should have access to education to assist them to better understand how to help a loved one with a serious mental illness as well as opportunities to be involved in treatment planning and eventual disengagement from formal mental health services. Families also need access to supportive services for themselves.
- Better accountability around discharge planning is needed to ensure that natural supports and resources are firmly in place to facilitate a successful transition.
- Communities need the ability to create and sustain safe and affordable housing; including independent living options, supportive housing options, transitional housing options, and housing for ex-offenders, particularly those with a felony conviction.

The task force recommends the following to enhance community involvement and engagement:

Recommendation 1. The task force recommends that the state support the development of local community coalitions that will work to engage the broader community in identifying ways to better support not only those individuals and families who have a serious mental illness or serious emotional disorder, but also those who are at risk of developing these conditions. Fundamental questions that will need to be addressed in the development of these community coalitions will be to:

1. Define who are key stakeholders who should participate as part of a community coalition;
2. Determine what outcomes the community coalition will address;
3. Determine specifically what the community coalition should to do in relation to these outcomes;
4. Determine who will make specific actions happen;
5. Determine the course of action if outcomes are not achieved or there is not follow through on specific tasks;

6. Develop an evaluation component of these efforts to determine if efforts are successful and make improvements when needed.

Recommendation 2. The task force recommends that the state develop and provide training curriculum for educators to increase their ability to recognize signs of emotional disorders and make appropriate referrals for treatment.

The task force also recommends that the state support the development of trauma-informed assessment and systems of care in schools to identify at risk youth.

Recommendation 3. The task force recommends that the state provide resources (training and technical assistance) to assist communities to gather and analyze data, assess local policies/practices, and to take a comprehensive approach to building local capacity for helping individuals/families increase protective factors to reduce risk associated with mental illness and to create communities that support mental health wellness.

Recommendation 4. The task force recommends that the state strongly encourage behavioral health education of current front-line responders, police officers, corrections workers, nurses/doctors, educators, judges and family law attorneys through required continuing education courses.

Recommendation 5. The task force recommends that the state research the possibility of including new standards that address mental health knowledge in the licensing of educators.

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Appendix A

Governor's Mental Health Task Force Charter
July 2013

Background/History: In January, 2013, Governor Sam Brownback declared the creation of a task force to study the mental health system of Kansas. The Governor was interested in examining ways to encourage intra-agency collaboration and coordination to better utilize resources for mental health programs and increase efficiencies. Furthermore, he wished to examine key factors necessary for increasing community supports and community capacity for those with a mental illness or those with a predisposition for developing mental illness.

Vision

Kansas communities will have the capacity to support and care for all individuals in a manner that empowers mental and emotional wellness and allows them to live meaningful and productive lives.

Mission

To identify successful community programs and initiatives that can be replicated across the State of Kansas using a continuum –of- care approach that encompasses prevention, treatment, and promotion of recovery and wellness in order to improve the lives of persons with behavioral health (*) needs. Increase state agency (**) collaboration and promote cross-agency initiatives that improve outcomes for Kansans with behavioral health needs.

Membership shall consist of Kansans representing behavioral health services, education, law enforcement, courts, juvenile and adult corrections, faith communities, academia, social service agencies, consumers and families, and treatment providers. Co-chairs will convene and facilitate monthly meetings of the Membership to execute and monitor tasks to be carried out through the task force.

Goals of this charter are to:

1) Specifically determine what state agencies can do to ensure efficiencies exist across state systems to better identify, treat, and support individuals with mental illness who are
    a. utilizing the mental health system
    b. not being reached by appropriate mental health services
    c. at risk for developing mental health issues.

2) Review research-based protective factors and recommend community solutions that will minimize and prevent the circumstances that create or exacerbate chronic mental health conditions.

Behavioral Health-_Behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness. Mental illnesses and psychological distress are one set of behavioral health problems; others include (but are not limited to) suicide, and substance abuse and misuse (SAMHSA, 2011)._
**** State Agency**-Executive branch agencies (along with the Department of Education) that fund mental health programs and/or are fiscally impacted by the behavioral health needs of the population they serve.

Appendix B

Reviewed Documents and Agency Presentations

1. **An Overview of the Governor's Behavioral Health Services Planning Council**
   - http://www.kansasbehavioralhealthservices.org/Document/Overview_of_the_Kansas_Behavioral%20_Health_Services_Planning_071113.pdf

2. **An Overview of the Public Mental Health System in Kansas**
   - http://www.kansasbehavioralhealthservices.org/Document/The_Public_Mental_Health_Service_System_071113.pdf

3. **Community Conversations Toolkit Discussion Guide**
   - http://www.kansasbehavioralhealthservices.org/Document/SMA13-4764.pdf

4. **Community Conversations Toolkit Information Brief**
   - http://www.kansasbehavioralhealthservices.org/Document/SMA13-4763.pdf

5. **Community Conversations Toolkit Information Brief (Spanish)**
   - http://www.kansasbehavioralhealthservices.org/Document/SMA13-4763SPAN.pdf

6. **Community Conversations Toolkit Planning Guide**
   - http://www.kansasbehavioralhealthservices.org/Document/SMA13-4765.pdf

7. **Governor's Behavioral Health Services Planning Council Subcommittee Report Content Analysis Summary**
   - http://www.kansasbehavioralhealthservices.org/Document/Behavioral_Health_Planning_Council_Subcommittee_Content_Analysis_082913.pdf

8. **Governor's Behavioral Health Services Planning Council Summary of 2013 Subcommittee Recommendations**
   - http://www.kansasbehavioralhealthservices.org/Document/Governor's_Behavioral_Health_Services_Planning_Council_Summary_071113.pdf

9. **Kansas Department for Aging and Disability Services Presentation**
   - http://www.kansasbehavioralhealthservices.org/Document/Department_for_Aging_and_Disability_Presentation_092513.pdf

10. **Kansas Department for Children and Families Presentation**
    - http://www.kansasbehavioralhealthservices.org/Document/Department_for_Children_and_Families_Presentation_082913.pdf

11. **Kansas Department for Children and Families Attachments**
    - http://www.kansasbehavioralhealthservices.org/Document/Department_for_Children_and_Families_Attachment_082913.pdf

12. **Kansas Department of Corrections Presentation**
    - http://www.kansasbehavioralhealthservices.org/Document/Department_of_Corrections_Presentation_082913.pdf

13. **Kansas Department of Corrections Attachments**
    - http://www.kansasbehavioralhealthservices.org/Document/Department_of_Corrections_Attachments_082913.pdf

14. **Kansas Department of Education Presentation**
    - http://www.kansasbehavioralhealthservices.org/Document/Kansas_State_Department_of_Education_082913.pdf

15. **Kansas Department of Health and Environment Presentation**
    - http://www.kansasbehavioralhealthservices.org/Document/kdhe_presentation_040414.pdf

16. **Kansas National Guard Presentation**
    - http://www.kansasbehavioralhealthservices.org/Document/Kansas_National_Guard_Psychological_Health_Program_040414.pdf

17. **New Freedom Commission Summary**
    - http://www.kansasbehavioralhealthservices.org/Document/New_Freedom_Commission_Summary_Document_082913.pdf

18. **Transformation Subcommittee Summary**
    - http://www.kansasbehavioralhealthservices.org/Document/Transformation_Sub-Committee_Summary_082913.pdf